

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
_____ DIVISION

FILED
US DISTRICT COURT
WESTERN DISTRICT
OF ARKANSAS
Jun 25, 2019
OFFICE OF THE CLERK

Jason Willard Bramlett
(Enter above the full name of the Plaintiff
in this action.)

Prisoner ID No. 133066
(Do Not Put Your Social Security Number)

V.

CASE NO. 19-6070

Wellpath, LLC
Dr. Thomas Daniel
Dr. Jeffrey Stieve
(Enter above the full name of the Defendant,
or Defendants, in this action.)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

- B. If your answer to A is yes, describe each lawsuit in the space below including the exact Plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state, name the county):

3. Docket number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed?

Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(Revised 12/2016)

II. Place of Present Confinement: Quachita River Correctional Unit
Special Needs Unit/SNC

III. There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes ☒ No ☐

B. If your answer is YES, Attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT. If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not: _____

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name: Jason Willard Bramlett
Address: P.O. Box 1630
Malvern, AR 72104

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1.

Full Name: Wellpath LLC (Formerly Correct Care Solutions, LLC)

Position: Medical Services provider to inmates for

Place of Employment: the Arkansas Department of Correction

Address: 1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

2. Defendant #2.

Full Name: Thomas Daniel

Position: physician

Place of Employment: Day Clinic, SNV-ORCV For Wellpath, LLC

Address: 100 Malco Ln
Malvern, AR 72104

3. Defendant #3.

Full Name: Jeffrey Stieve

Position: Regional Director For Wellpath, LLC

Place of Employment: _____

Address: _____

4. Defendant #4.

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

If you need more space for additional Defendants, list the additional Defendants on another piece of paper, using the same outline.

- V. At the time of the alleged incident(s), were you:
(check the appropriate blank)

☒ in jail and still awaiting trial on pending criminal charges
serving a sentence as a result of a judgment of conviction
☐ in jail for other reasons (e.g., alleged probation violation, etc.)

Explain: _____

Please provide the date of your conviction or probation or parole revocation:

approx 2004-2005 ?

VI. Statement of Claim

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

Claim Number # 1:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Denial of Medical Care in violation of the 8th and 14th Amendments of the United States Constitution under USC 42 § 1983

Date of the Occurrence: Continuous, March 2017 to Present; and numerous occurrences

Name of Each Defendant involved: Wellpath, LLC; Dr Thomas Daniel;
Dr Jeffrey Stieve

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #1 and any harm caused by it.

Each of the Plaintiffs, individually and in conjunction, by independent decision and by custom and practice, on occasions to numerous to list separately, and at times for continuous periods, from March of 2017 until the present without cessation, acted willfully and with deliberate indifference to deny the Plaintiff needed and prescribed medical care, medications, treatments, disability assist devices and hygienic necessities.

With regard to Claim #1, are you suing Defendant(s) in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

The customs, policies, procedures and practices of Wellpath, LLC, as implemented by Drs Daniel and Stieve and other Wellpath employees unnamed in this action contributed to, encouraged, allowed or overtly caused the denial of aforementioned medical care.

Claim Number #2:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Retaliation in violation of the 1st Amendment to the United States Constitution

Date of the Occurrence: March 2017 to present, continuous, numerous events

Name of Each Defendant involved: Wellpath, LLC; Dr Thomas Daniel; Dr Jeffrey Stieve

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #2 and any harm caused by it.

Defendants Daniel and Stieve intentionally and knowingly denied Plaintiff necessary medical care, treatment, medications, assist devices and hygienic needs that in practice is condoned by and encouraged by Wellpath LLC.

With regard to Claim #2, are you suing Defendant(s) in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

The corporate customs and practices of Wellpath, LLC, allows, turning a knowing blind eye to such retaliation and actively attempts to undermine the redress option available to inmates.

Claim Number #3:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Supplemental under the color of Arkansas State law

Date of the Occurrence: March 2017 to present, continuous, numerous events

Name of Each Defendant involved: Wellpath, LLC; Dr Thomas Daniel; Dr Jeffrey Stieve

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #3 and any harm caused by it.

All actions and inactions noted in Claim #1 and Claim #2 above also, under Arkansas Code for Negligence and Malpractice, in every occurrence and respect substantiate the pendant claim.

With regard to Claim #3, are you suing Defendant(s) in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

☒ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).

☐ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

If you need more space for more claims, list the additional claims on another piece of paper, using the same outline.

VII. Relief

If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:



Compensatory damages (designed to compensate persons for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights)



Punitive damages (designed to punish a defendant for engaging in misconduct and deter a defendant and others from engaging in such misconduct in the future)

State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes.

The Plaintiff further seeks Declaratory Relief that his rights were violated as claimed; Injunctive Relief to prevent its continuance and repetition; Plaintiff's costs in this action; and any additional Relief the Court deems just and equitable to award.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this 8th day of June 20 19.

Jason Bramlett
Printed Name of Plaintiff


Signature of Plaintiff

Addendum to Complaint
of Jason Willard Bramlett Against Wellpath, LLC., Dr
Thomas Daniel and Jeffrey Stieve

Jason Willard Bramlett,
Plaintiff

v

Case no.

Wellpath, LLC., et al.,
Defendants

COMES NOW the Plaintiff, Jason Willard Bramlett with additional material, both procedural and informational, in supplement to his Complaint against Wellpath, LLC., Dr Thomas Daniel, and Dr Jeffrey Stieve.

I Background

The Plaintiff, Jason Bramlett, suffers from the progressive form of Multiple Sclerosis (MS) which is defined as "a demyelinating disease marked by patches of hardened tissue in the brain or spinal cord and associated with partial or complete paralysis and jerking muscle tremor" ⁽²⁾ in addition to other spinal column issues: Lumbar ~~2-3~~ 3-4 mixed osteophytes with complex disc protrusions; ~~L4-5~~ L4-5 endplate spurs with posterior tear of intervertebral disc, protrusions and chondromalacia of facet joints; Thoracic 6-7 and 7-8 posterior disc bulge with degenerative disc disease; Cervical 3-4 osteophytes with neural foraminal narrowing; C4-5 osteophytes with degenerative disc disease. Doctors Khaleel and Atiq during the time herein in question were engaged by Wellpath to provide treatment to the Plaintiff for MS and the other spinal column issues. Plaintiff was also supported by the Spinal Cord Commission of Arkansas. Both doctors and the SCC continue to work with the Plaintiff. However, the treatment plans of Drs Khaleel and Atiq have been suspended or otherwise disregarded for periods up to months in duration despite the protestations of the Plaintiff, this

resulting in regression and relapse with significant increases in the debilitating symptoms experienced and in pain, at the hands of Wellpath, Daniel and Stieve. Moreover, they have repeatedly failed to provide needed and prescribe medications, medical authorization for hygienic supplies and needs in disturbing malicious indifference to Plaintiff's suffering based on financial and retaliatory motives. And in a further appalling act of escalating vindictive retaliation which truly shocks the conscience, Daniel ordered the Plaintiff's wheelchair — which is supplied by the Spinal Cord Commission, a state agency — confiscated which resulted in falls, missed meals and missed medications. On top of all else, the retaliatory denial of hygienic needs also resulted in urinary tract infections.

Of these issues in these multiple Claims there are far too many individual events (which could reach into the hundreds) to list separately, and thus the Plaintiff chooses not to try the Court's patience doing so.

II Affirmative Exhaustion

In an effort to ease the Court's workload and speed the litigation of this action, as the Plaintiff continues to suffer the injuries inflicted by the actions of Wellpath, Daniel and Stieve, the Plaintiff offers affirmative evidence that, in compliance with the PLRA, he has exhausted his administrative remedies as is required by the ADC grievance process in regard to these Claims and in multiple cases for each Defendant.

1. Attached to this Complaint as Exhibit 1 are nineteen grievances spanning (by date of final decision) from ~~XXXX~~ June 19th 2017 until the present.

2. All 19 of these grievances completed the administrative process receiving an answer from Rory Griffin, Deputy Director for Health and Correctional Programs for ADC.

3. Wellpath (also identified as "medical" in some

grievances) has exhausted grievances concerning medications (OR-19-00357), treatments (OR-17-01851, OR-17-01956; OR-18-00160; OR-19-00356), hygiene (OR-17-00467; OR-18-00572, OR-18-00584), and retaliation (OR-19-00358).

4. Daniel has exhausted grievances concerning medications (OR-17-01460; OR-18-00172; OR-18-01469; OR-19-00357), treatments (OR-19-00356), hygiene and supplies (OR-17-00684; OR-17-00712), and retaliation (OR-19-00291; OR-19-00292; OR-19-00358).

5. Steve has exhausted grievances concerning medications (OR-17-01459; OR-17-01460; OR-19-00357), treatment (OR-19-00356) and retaliation (OR-19-00358).

6. Of the above (#3, 4 & 5) there is overlap as more than one Defendant is listed in some grievances. Also, not listed, some of these grievances, as a secondary issue, also apply to other Claims: eg. all retaliation grievances are de facto denial of care grievances also as the only means the Defendants have is denial of care.

7. All of these grievances attached also apply to Claim 3, the supplemental negligence and malpractice Claim as pendant under Arkansas state law.

III ADA

Under the Americans with Disabilities Act many of these actions would be actionable; however the Plaintiff chooses not to name ADC, which would be the proper Defendant, only due to the greatly increased complexity added by such a claim.

Nonetheless, in that the named Defendants have, through their actions, denied Plaintiff accommodation and access, they in this respect ~~also~~ also deny him Constitutionally protected medical care and other rights. The Plaintiff thus notifies the Court he does not with this filing relinquish the right, if he so chooses, to pursue such action at a later date.

IV Jury Demand

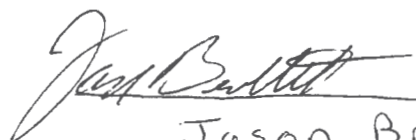
As the form preferred by the Court does not make provision for the Plaintiff, as a pro se prisoner litigant, to note or "check a box" to indicate his preference for a jury trial as guaranteed by the Seventh Amendment to the Constitution, ~~and~~ under § 38(b)(1) Fed. R. Civ. Proc. notification requirement does so here; and thus demands a jury trial on all issues triable by jury.

WHEREFORE the Plaintiff respectfully prays the Court enter judgment granting all relief sought within this Complaint and Addendum.

End notes

1. Wellpath, LLC was for the bulk of the time covered by this action also known as Correct Care Solutions, LLC. For simplicity the name "Wellpath" will be used throughout.
2. Merriam-Webster's Collegiate Dictionary, 11th Ed. (2012)

I hereby verify the foregoing Complaint and Addendum are in all matters accurate to the best of my knowledge, and certify under penalty of perjury the ~~the~~ foregoing is true and correct. ~~the~~
Respectfully submitted and signed on this 8th day of June, 2019.


Jason Bramlett
#133066 SNU, ORCU, ADC
P.O. Box 1630
Malvern, AR 72104

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-17-00467

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 29, 2017, you grieved that you were denied your shower on this date. You state as soon as you sat down in the shower, the officer came in and told you to get out. You state you asked the officer if you were going to be called back for your shower, and Nurse Fletcher said "no" and that your shower was over. You state Mrs. Beasley says medical has nothing to do with showers; however, you state every time you have a problem with showering, it comes from the medical staff. You state it takes you longer to shower due to your MS. You state you only get to shower three times a week and they should not be able to take one of the days away.

The medical department responded, "You should be allowed to take a shower based on your script. The only assistance you require from medical staff is linens to shower. Emergencies in the hospital do take precedence over showers, but since you do not require medical personal's assistance, you should still be able to shower. This grievance is with merit, but resolved, based on medical staff education."

Your appeal states this has been happening for over two years. You state medical always says the problem is fixed, but it is not. You state you have even been refused at times when there were no medical emergencies.

The medical department found your grievance with merit and they are working to prevent this from occurring again; therefore, this appeal is without merit.


DirectorDate 6/19/17

IGTT420

3GH

Attachment IV

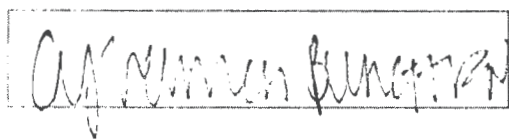
INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-17-00467

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) On 03/29/2017, you submitted a grievance stating that on 03/29/2017 you went for your shower and had just sat down when the CO told you to get out. You state that you were told you would not be called back to shower, because Nurse Fletcher said that was your shower. You state you need extra time to get a shower due to your medical condition.

You should be allowed to take a shower based on your script. The only assistance you require from medical staff is linens to shower. Emergencies in the hospital do take precedence over showers, but since you do not require medical personal's assistance, you should still be able to shower.

This grievance is with merit, but resolved, based on medical staff education.

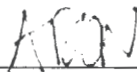


Received

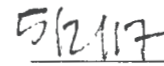
MAY 09 2017

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Deputy Director
Health & Correctional Programs



Title



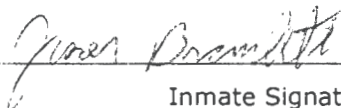
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

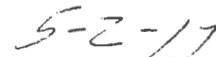
This has been happening for about 2 years I have been refused by Nurse Fletcher and others I only get 3 showers per week and I am on a bond program and I need my showers. Medical HSA and DON / A DON keep saying the problem is fixed but it isn't. I have also been refused at times when there was no medical emergencies



Inmate Signature



ADC#



Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center ORCU

MAR 03 2017

Name Jason Bramlett

RECEIVED

ADC# 133066 Brks # Echo Job Assignment NONE

FOR OFFICE USE ONLY

GRV. # OR-17-00467Date Received: 4-3-17GRV. Code #: 6003-29-17 (Date) STEP ONE: Informal Resolution4-2-17 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I don't stand it there is a Emergency

But there is another phase to show Fletcher has no reason to get involved he is an at-filing (BOKH)

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 3-29-17 I went for my shower, I got in and undressed turned the water on and sat down. Nurse Fletcher sent the C.O. in and told me to get out. I got out as told. I asked the C.O. if he was going to call us back so that we could shower. Nurse Fletcher said no that was our shower. Medical MS. Beasley says that they have nothing to do with my shower it is A.D.C. Everytime I have a problem it comes from some power tripping nurse. It takes me longer due to my M.S. to get in and out of the shower. I wasn't given a shower because they rushed me out of there. There are other inmates I can shower in without trouble. Why am I steadily being denied being able to take a shower like everyone else. I only get 3 showers a week and now you are taking them to. Please figure out who is running this and fix the problem.

Inmate Signature S. B.Date 3-29-17

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3-30-17 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt P. Davis

62928

Sgt P. Davis

3-30-17

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: Thank you for bringing this to my attention. Emergency take precedence over showers & per staff there were several ER walk-ins on 3/29/17.

V. Seag

3/31/17

Jm Dumb

Staff Signature & Date Returned

3/31/17

3-31-17

Staff Signature & Date Received

3-31-17

3-31-17

Staff Signature & Date Received

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Staff Signature & Date Received

3-31-17

3-31-17

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One. Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-17-01459

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On August 24, 2017, you submitted an Informal Resolution against Dr. Stieve, stating that Dr. Stieve cannot treat someone he never spoke to. You state you have disc protrusions, DDD, other ortho issues with your back and MS. You state Dr. Stieve has agreed with neurologists for pain treatment.

The medical department responded, "Dr. Stieve is not responsible for your care primary care, however, review of your record indicates you have been ordered pain medication and various testing by the site provider who is responsible for your care. Because your medical records clearly indicate your pain is being addressed, your grievance is found without merit."

Your appeal states the offsite doctor has never seen you in person; therefore, he has no business altering your medications. You state your pain may be addressed; however, you are still in pain, which means your pain is not being properly addressed.

Although you did not provide sufficient information in order for your allegations to be properly addressed, I will say that as Regional Medical Director, Dr. Stieve is authorized to discontinue medications and recommend an alternative treatment plan that he deems appropriate and clinically indicated based on his medical judgment; however, the provider at your site can override that decision if he/she does not agree with the alternative treatment plan.

I encourage you to utilize the sick call process if you feel your current treatment plan is ineffective.

This appeal is without merit.



Director

12/8/17

Date

SN-D/024

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: QR-17-01459

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(641) On August 24, 2017, you grieved Dr. Stieve is not addressing your pain related to MS, as well as, other chronic health conditions.'

Dr. Stieve is not responsible for your care primary care, however, review of your record indicates you have been ordered pain medication and various testing by the site provider who is responsible for your care. Because your medical records clearly indicate your pain is being addressed, your grievance is found without merit.



This mail was handed to Inmate
Jason on the 10/24/17

Received

Col Ebot

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

NOV 01 2017

Deputy Director
Health & Correctional Programs

HSA

Title

10/12/17
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

AS STATED ABOVE: my pain may be Addressed However
my Pain still Remain & there for is NOT being Addressed
Properly. The offsite Dr HAS NEVER SEEN me in person
AND ITAS OBVIOUSLY ALTERING ANY pain med OR ANY MED
at All for this matter

Jason Bramlett

Inmate Signature

133066

ADC#

10-24-17

Date

UNIT LEVEL GRIEVANCE FORM (Attachment D)Unit/Center Malvern

RECEIVED

AUG 28 2017

Name Jason Brumlett Ouachita River UnitADC# 133066 Brks # SN-0 Job Assignment Grievance Office

FOR OFFICE USE ONLY

GRV. # 06-17-01459Date Received: 8-28-17GRV. Code #: 6008-24-17 (Date) STEP ONE: Informal Resolution8-26-17 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I am in pain, DR Steve has never seen or spoke to me at all.(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: I am in pain - DR Steve has neverIs this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): This is an DR, Steve at pine bluff the CCS main DR or so I am told Her at ORCU. I have - L3-4 Mixed osteophyte - disc complex protrusions in the Foraminae. L4-5 has a subtle annular tear at the posterior of the intervertebral disc with endplate spurs and arthropathy of the facet joints. L5-S1 subtle posterior central disc protrusion - chondromalacia of the facet joints. C4-C5 There is a disc bulge with uncovertebral osteophytes. Posterior broad based bulging disc at T6-7 and T7-8. At C5-C6 There is a small to moderate right uncovertebral osteophyte with moderate right neural foraminal narrowing also degenerative disc disease at T6-7 T7-8. I also have MIs on top of all this. I have needed treatment all this time and there has been neuro surgeons as well as neurologist that you (or Steve) has been agreeing with as far as pain treatment. You can't treat some are you next spoke to. You don't do it if you see the facts for all that go this is a form of Deliberate indifference and cruel and unusual punishment

Inmate Signature Jason Brumlett

Received

Date

8-24-17

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 8-14-17 (date) and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, nameof the person in that department receiving this form: William L. Parks Date 8/25/17PRINT STAFF NAME (PROBLEM SOLVER) 55987 Staff Signature William L. Parks Date Received 8-24-17Describe action taken to resolve complaint, including dates: Dr. Daniels is currently reviewing your case, including your current pain medication. It is up to the providers discretion as to what is ordered. Dr. Daniels will provide follow up on 8/26Staff Signature & Date Returned 8/25/17 Inmate Signature & Date Received 8-25-17This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back

to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-17-01460

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

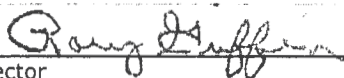
On August 23, 2017, you grieved that Dr. Stieve and Dr. Daniel took you off all of your pain medication. You state you have MRI reports to show all of the damage for which you have been being treated for. You state you have multiple issues with your back that have not been repaired and there is no fixing the MS. You state this is cruel and unusual punishment.

The medical department responded, "Review of your record indicates you are prescribed pain medication, therefore, your grievance is found without merit."

Your appeal states that just because you are prescribed pain medication, that does not mean the correct medication or dose is prescribed. You state you are still in pain.

You were seen by Dr. Daniel on August 22, 2017 who noted to stop Gabapentin per your request and he increased your Tramadol from twice daily to three times daily. Dr. Stieve, Regional Medical Director, discontinued the Tramadol and recommended that Dr. Daniel order Duloxetine instead. On August 28, 2017, Dr. Daniel ordered the Duloxetine and also ordered Baclofen.

Due to the delay in an alternative pain medication being ordered, this appeal is with merit but resolved. I encourage you to utilize the sick call process if you feel your current treatment plan is ineffective.


Director

12/6/17
Date

SN-D/024

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

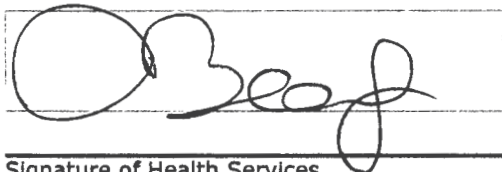
ADC #: 133066A

GRIEVANCE #: OR-17-01460

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(600) On 08/23/2017, you grieved your pain is not being addressed.

Review of your record indicates you are prescribed pain medication, therefore, your grievance is found without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

This Mail was handed to Inmate
Jason on the 10/24/17
Col Ebot

NOV 01 2017

Deputy Director
Health & Correctional Programs

HSA
Title

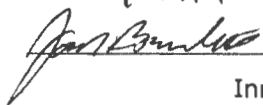
10/24/17
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

As noted in the body of your very brief Response
it is true I am RXed pain meds But Again I Am
still in pain & over & over CCS providers Alt &
change my meds The simple RXing pain meds
DOES NOT mean the dosage is proper NOT DOES IT MEAN
THAT the proper med is Being RXed



Inmate Signature

133066

ADC#

10-24-17

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Mulvane

AUG 28 2017

Name Tyson Branstetter

Ouachita River Unit

Grievance Office

ADC# 132064 Brks # SN-D Job Assignment none

FOR OFFICE USE ONLY

GRV. # 02-17-01460Date Received: 8-28-17GRV. Code #: 600

(Date) STEP ONE: Informal Resolution

8-26-17 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I am in pain, I have8-23-17 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: a few issues that cause me to hurt real bad at times that have not been fixedI have MS, and a real bad back and I hurt. The meds are for MS, and back that won'tIs this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I am in pain. I have a lot ofthings wrong with my back from top to bottom. I also have MS. Dr Daniels and Dr. Steve took me off all of my pain meds. I have MRI reports to show all the damage that I have been being treated for and now I am cut off cold turkey. There has not been any repair to my back at all. MS there is no fixing that. L3: L4 has osteophyte disc complex protrusions. L5 has subtle posterior central disc protrusions. Chondromalacia of the facet joints. C4: C5 there is disc bulge with small uncovertebral osteophytes. Broad based bulging discs are noted at T6: T7: T8. At C3: C4 there is a small to moderate right uncovertebral osteophyte with moderate right neuroforaminal narrowing. L4: L5 has a subtle angular tear at the posterior intervertebral disc with in plate spurs and arthropathy of the facet joints. There is also degenerative disc disease at T6, T7, & T8. This is deliberate indifference, cruel and unusual punishment and unnecessary suffering. NOV 01 2017Inmate Signature Tyson BranstetterDate 8-23-17Deputy Director
Health & Correctional ProgramsIf you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 8-24-17 (date), and determined to be Step One and/or an Emergency Grievance(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: William L. Parks Date 8/28/17

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 55987Staff Signature William L. ParksDate Received 8-24-17Describe action taken to resolve complaint, including dates: For your medicalnews, you are currently prescribed Naproxen which is commonly used for chronic back pain.Staff Signature & Date Received 8/25/17Inmate Signature & Date Received Tyson Branstetter 8-25-17This form was received on (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-17-01851

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On October 30, 2017, you grieved that you have missed outside appointments that are necessary for your medical treatment. You state you have not been seen by the neurologist, and one of your CT tests were not completed due to the paperwork being messed up. You state ACI had to call the unit and get your appointment straightened out because Mrs. Hart messed that appointment up also. You state you need your MS treatment on time every four weeks.

The medical department responded, "A review of your medical jacket reveals that all appointments ordered have been completed. Some times appointments are delayed or rescheduled due to unforeseen circumstances. We apologize for any inconvenience that this may have caused. For this reason I find your grievance to be with merit/ resolved"

Your appeal states you still have not seen the neurologist. You state Mrs. Hart is making you suffer by delaying your treatment and keeping you from seeing your MS doctor, whom you state you were supposed to see on or around October 16, 2017.

Dr. Daniel submitted a consult on September 27, 2017 for you to have a CT of your Lumbar, Thoracic, and Cervical spine. According to your electronic Medical Record, all three CTs were completed October 27, 2017. According to your electronic Medical Record, you were seen at Arkansas Cancer Institute on October 16, 2017 for your infusion.

You were seen by Dr. Atiq on August 14, 2017 and he recommended a follow-up in four weeks and for you to be seen by Dr. Khaleel, neurologist, due to increasing symptoms. A neurology consult was submitted August 15, 2017 and it is noted that you had an appointment scheduled for September 11, 2017; however, you were seen by Dr. Atiq on September 11, 2017 for a follow-up. Dr. Atiq's notes state for you to have treatment every four weeks and to be seen by Dr. Atiq in eight weeks. The neurology consult was noted as being completed and it was closed out. According to notes from Arkansas Cancer Institute (ACI), you had an infusion on December 8, 2017. A new neurology consult was submitted January 8, 2018 and you have a pending appointment. You were seen at ACI on January 25, 2018; however, it is noted that you could not receive your infusion because you were not enrolled in the TOUCH program and that you must be seen by Dr. Khaleel.

You were referred to neurology on August 15, 2017 and have yet to be seen; therefore, this appeal is with merit.



Director

Date

2/5/18

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-17-01851

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(655) Your grievance dated 12/8/2017 has been received and reviewed to determine if medically necessary health care, as determined by your health care providers has been provided to you. You state that you have missed appointments necessary to the treatment of your medical condition. A review of your medical jacket reveals that all appointments ordered have been completed. Some times appointments are delayed or rescheduled due to unforeseen circumstances. We apologize for any inconvenience that this may have caused. For this reason I find your grievance to be with merit/ resolved

Billy C Cowell

Received

DEC 28 2017

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Deputy Director
Health & Correctional Programs Billy C Cowell

12/13/2017

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I still have not seen Dr. Hall NERO DR at South AR NERO at white Hall. I am having trouble with Mrs Hart, this Lady will not reschedule the appointment, she needs to be in a different position because she will not do the job or she just can't smart enough to do it. This Lady has been making me suffer by delaying my treatment and keeping me from seeing my (M.S) Dr. I was new to see him in October or close to the 10-16-17

Jason Bramlett
Inmate Signature

133066
ADC#

12-19-17
Date

→ (Received on 12-19-17 Mail call 6 days late)

RECEIVED

NOV 03 2017

FOR OFFICE USE ONLY

GRV. # 1701351Date Received: 11-3-17GRV. Code #: 600**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center MalvernOuchita River Unit
Grievance OfficeName Jason BramlettADC# 133066 Brks # 510 Job Assignment none10-30-17 (Date) STEP ONE: Informal Resolution11-2-17 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I am missing my

Dr. Appointments and not getting my test from Malvern can get the appointment right with
(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: (medical) or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I had a gate pass to ACT

and to (Dr. Kheel Nero Dr) I did not get to see the Nero Dr
Because the gate pass was messed up (for son Boon) Then the
next month I was go for ACT treatment and Ms Hart
never done the paper work and ACT called and got that
fixed. Then I went out for a CT scan and one of
the test was not done because the paper work was not done.
Why is this keeps happening month after month. I need the MS
treatment on time ever 4 weeks unless there is a real issue then I can
under stand that. I also need to see the Nero Dr that Ms Hart
messed up on. There is no reason for this and this never happened
one time when Mrs Holman did that job. This is a on going problem
and I am not seeing the Dr's or getting the treatment
because of this

DEC 26 2017

Inmate Signature Jason BramlettDate 10-30-17 Deputy Director
Health & Correctional Programs

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 10-30-17 (date), and determined to be Step One and/or an Emergency GrievanceYes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Spencer Adon Date 10/31/17David Howell 45185 Staff Signature Spencer Adon Date Received 10-30-17

Describe action taken to resolve complaint, including dates:

Dr Daniel has put in a standing consult for your infusions,
to help prevent this from occurring. Spencer Adon

Staff Signature & Date Returned Spencer Adon Inmate Signature & Date Received Jason BramlettThis form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-17-01956

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

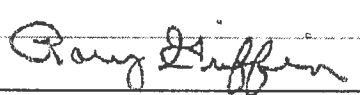
On November 14, 2017, you grieved that you were supposed to go for your MS treatment on November 13, 2017; however, the appointment was cancelled.

The medical department responded, "A review of your medical record indicates you had an appointment that was scheduled on 11/13/17 which was cancelled. There is no documentation as to why it was cancelled. You were seen however on 12/11/17. Due to the delay in you getting to your appointment, I find this grievance with merit, but resolved as you have been seen."

Your appeal states this issue is not resolved. You state you missed a treatment that you are supposed to receive every 28 days, but it has been messed up the last few months. You state you have another treatment coming up in about two weeks that will be messed up also. You state this shows neglect.

You were seen on December 8, 2017 for your treatment, not December 11, 2017 as stated in the medical department's response. Your infusions have been discontinued for the time being until you are seen by neurology, which you do have an appointment for.

The medical department found your grievance with merit and you were seen for your treatment; therefore, this appeal is without merit.



Director

Date

2/9/18

SN-D/036

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-17-01956

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 11/14/17 has been received and reviewed. You grieved you had a gate pass that was cancelled on 11/13/17 and that it is medical's fault and not transportation.

A review of your medical record indicates you had an appointment that was scheduled on 11/13/17 which was cancelled. There is no documentation as to why it was cancelled. You were seen however on 12/11/17. Due to the delay in you getting to your appointment, I find this grievance with merit, but resolved as you have been seen.

Received:



DEC 29 2017

Deputy Director
Health & Correctional Programs

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M Kelley12/22/2017

Title

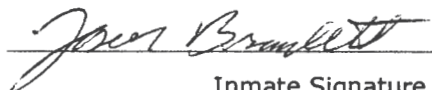
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

This is not resolved. I missed a Treatment for M/S I get this IV. ever 28 days. The last few months it has been messed up by being late or I don't get to go at all. This treatment keeps me mobile / alive. This is a on going issue and I have another treatment due in about 2 weeks it will be all messed up to. This is a show of neglect / Deliberate indifference



Inmate Signature

133066

ADC#

12-24-17

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center ORC ✓

RECEIVED

NOV 17 2017

Name Jason Bramlett

Ouachita River Unit

Grievance Office

ADC# 133066 Brks # 54-D Job Assignment None11-14-17 (Date) STEP ONE: Informal Resolution11-16-17 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: This keeps happening tome over and over. This treatment has to be no time to wait right!!

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I had a Gate pass that was canceled on 11-13-17. This is a treatment that is done on a scale to work like its ment to. If I keep missing then the med. dont work as they are ment to and I get real sick again. This needs to be fixed. Medical tries to blame this on transport but they only take us when medical sends us so the blame is not transport at all. ~~Send me to~~

Received

DEC 29 2017

Deputy Director

Health & Correctional Programs

Inmate Signature

Date

Jason Bramlett 11-14-17

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 11-14-17 (date), and determined to be Step One and/or an Emergency Grievanceyes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Phaver RN Date 11-15-17PRINT STAFF NAME (PROBLEM SOLVER) Sgt. J. UgartecheID Number 90260Staff Signature Sgt. J. UgartecheDate Received 11-14-17

Describe action taken to resolve complaint, including dates:

Your appointment was canceled and has been rescheduled.Staff Signature & Date Returned Phaver RNInmate Signature & Date Received 11-15-17This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00160

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

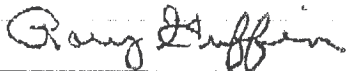
On January 24, 2018, you grieved that you are in need of your MS treatment. You stated you have been having relapses due to not having your infusions at the ACI Clinic.

The medical department responded, "A review of your medical record indicates you have experienced a delay in receiving your injections, but you are currently being treated. Due to the delay in your treatment, I find this grievance with merit, but resolved as you have been seen."

Your appeal states this is an ongoing issue. You state Dr. Daniels told you that you were lucky to be getting anything. You state you have had trouble getting your infusions ever since he started at this unit. You state you did have your infusion March 6, 2018, but that has nothing to do with the months you went without.

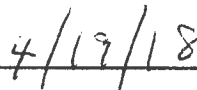
A review of your electronic Medical Record indicates there was a delay in you receiving your once a month infusions due to the fact that you were not enrolled in the TOUCH program. However, that has since been corrected, and you received your infusion March 6, 2018 and April 3, 2018.

The medical department found your grievance with merit and you have received your infusion as ordered since their response; therefore, this appeal is without merit.



Director

Date



IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-18-00160

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 1/24/18 has been received and reviewed. You grieved you have experienced a delay in receiving your injection for your MS.

A review of your medical record indicates you have experienced a delay in receiving your injections, but you are currently being treated. Due to the delay in your treatment, I find this grievance with merit, but resolved as you have been seen.

Received



MAR 27 2018

Deputy Director
Health & Correctional ProgramsSignature of Health Services
Administrator/Mental Health Supervisor or
DesigneeJason M Kelley03/05/2018

Title

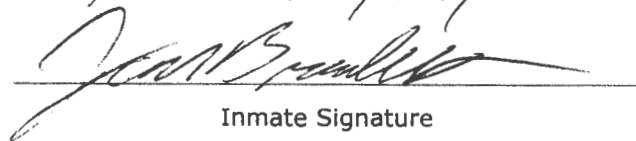
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*This is a ongoing Thing Dr. Daniels Tells me I am
lucky To get any thing, I have had trouble getting
The infusion ever since He started working at
The unit. I Did get a infusion on Tuesday 3-6-18 But That
Has nothing To do With all the months I've been with out
or resigned as they say*



Inmate Signature

133066

ADC#

3-7-18

Date

FOR OFFICE USE ONLY

QUACHITA RIVER UNIT
GRIEVANCE OFFICE

GRV. # OR-18-00160

Date Received: 1-31-18

GRV. Code #: LC5

1-30-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: My Apartment at ACE Hotel

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how **you** were affected. (Please Print): I am in need of my M.S

Treatment: I am Having bad relaps Becau I have
Not Been Getting My infusion at the A.C.I.T Clinic.
I have been trying to be patient trying to give
ever one a chance to get this worked out But it
Dont seem to Be working. My Family Has been Talking
to some lady at pine bluffs about this and she
also said I would be getting my shot at the
1st part of the week But she would not and did
not say the date. This is causing me to have M.S
relaps as well as make me go through all kinds of
pain and strate Hell. I am losing All I've gained
and it is because of unknown staff doing a real
poor job and not caring about my Medical Need one
Bit at all. This is Deliberate ^{Personal} Fault to my Medical Need

Jay Bradest
Inmate Signature

~~MAR 27 2018~~

1-24-18
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-24-18 (date), and determined to be Step One and/or an Emergency Grievance

Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Date

Sgt C. Ray

90250
ID Number

Staff Signature _____

1-24-18
Date Received

Describe action taken to resolve complaint, including dates

you already have an appointment scheduled?

Staff Signature & Date Returned

Tom Brant 1-26-18
Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

SN-B1004

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A


GRIEVANCE #: OR-18-00172

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 1/26/18 has been received and reviewed. You grieved that Dr. Daniel is refusing to help you and that he said you requested to be taken off of gabapentin and that is not true.

A review of your medical record does not indicate a recent request for gabapentin. If you feel you need this medication, please utilize the sick call process. I find this grievance without merit.

MAR 27 2018



Deputy Director
Health & Correctional Programs

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M Kelley

03/06/2018

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

ALL I said is True This Dr is Doing and saying things This He will send me some thing in writing saying ~~the~~ The dumbest things He has Took me off or cut my med To the point that The M.S. On at Pine Bluff Dr Khushi even said This is strate interfering or Torcher. Dr Daniels Tell me I request to be Took off my meds why would I request to stop something that is Helping and I Put in sick calls Trying To get my meds back and I am told I am wrong I get every thing



Inmate Signature

133066A
ADC#

3-7-18
Date

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00172

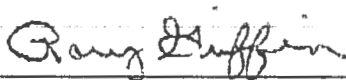
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On January 26, 2018, you grieved that Dr. Daniel refuses to help you. You state Dr. Daniel took you off of the medication that worked for your spasms, just to cause you pain and suffering. You state Dr. Daniel is not a neurologist and does not know the correct treatment for MS. You state Dr. Daniel even said in writing that you requested to be taken off of Gabapentin, which you state is not true. You state you are in fear for your life due to the things this doctor has said to you and by the way he treats you.

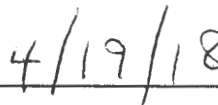
The medical department responded, " A review of your medical record does not indicate a recent request for gabapentin. If you feel you need this medication, please utilize the sick call process. I find this grievance without merit."

Your appeal states everything you stated is true. You stated this doctor will send you the dumbest things in writing. You state he has discontinued your medications or cut them to the point that the MS doctor in Pine Bluff said that it was inhumane or torcher. You question why you would request to be taken off your medications that are helping. You state you put in sick calls to get them back, but are told you are lucky to get anything.

A review of your electronic Medical Record indicates that prior to submitting your Informal Resolution, you were last seen by Dr. Daniel on November 28, 2017. According to the grievance policy, an inmate has 15 days after the occurrence of an incident to file a grievance. You submitted your Step One Informal Resolution past the allotted time to grieve this issue; therefore, the merits of your appeal will not be addressed at this time. I encourage you to adhere to the grievance policy.



Director



Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FEB 02 2018

Unit/Center MalvernSACCHITA RIVER UNIT
GRIEVANCE OFFICEName J. BramlettADC# 133066 Brks # SN-D Job Assignment none

FOR OFFICE USE ONLY

GRV. # OR-18-00172Date Received: 2-2-18GRV. Code #: 6001-26-18 (Date) STEP ONE: Informal Resolution1-2-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Dr. Daniels is Drugging Staff said and the voice stress test will prove it to be so(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Dr. DanielsIs this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: (medical) or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Dr. Daniels Refuses To Help me He Told me He Gives Some Better Health Care Then Father and There is no way to prove it. This Dr. Has Took me OFF The meds That worked For The spzms Just To Cause Suffering as well as pain and Discomfort. The voice stress test will prove He Told me This and look at what I was on that He Took compared to what I get for spzms now. look up what the other 2 guys get for the same thing I have (M.S) I am Fenced For my health as well as my life under the care of this Dr. Because of the way He has treated me and the things He said to me, this shows He is saying and doing things to make me suffer. This Dr. is not a Nerc Dr. and is Not Scheduled in the right treatments of M.S. Dr. Daniels Has even said in writing that I have requested to be took off Subequative when that is not true at all. There is paper work to back this up on my behalf. The said paper work is sick calls as well as internalls (I am not afraid of no one but this Dr and every one that He Has control or say over)

Amor Bramlett

MAR 27 2018

1-26-18

Inmate Signature

Deputy Director

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 1-27-18 (date), and determined to be Step One and/or an Emergency Grievanceyes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Col McLoon Date 1/29/18Sgt J. Clark 90206 Sgt J. Clark 1-27-18
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date ReceivedDescribe action taken to resolve complaint, including dates: Mr. BramlettDr. Daniel prescribes medication as he finds medically necessaryShawna Hall Jan Bratt 1-31-18
Staff Signature & Date Returned Inmate Signature & Date ReceivedThis form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00572

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On April 25, 2018, you grieved that you need to be able to shower when you are soiled. You stated you had to sit from April 18, 2018 until April 23, 2018 without a shower. You state you use the restroom on yourself and had to go five days smelling like urine. You state you need to shower in a cool shower. You state the hospital shower will not go on cold and is only hot.

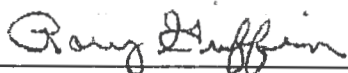
The medical department responded, "You have been issued a shower script. I you feel your current script is not adequate, please utilize the sick call process so you can be evaluated by a provider. I find this grievance without merit."

Your appeal states you are still having trouble getting showers. You state three days per week does not solve the problem of soiling myself and not getting to shower when needed. You state you have submitted sick calls, but they are mailed back to you. You state you are told you need to clean up in the sink.

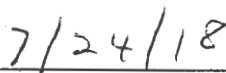
According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

You were issued a restriction on March 23, 2018 to shower in the hospital on Mondays, Wednesdays, and Fridays. Your two restrictions prior to this restriction were also to shower in the hospital on Mondays, Wednesdays, and Fridays. A review of your electronic Medical Record indicates that prior to your Informal Resolution, you were last seen in sick call regarding the frequency of showers on February 23, 2017.

At the time of your Informal Resolution, you had the shower restriction your provider deemed medically indicated; therefore, this appeal is without merit.



Director



Date

E/ole

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason ADC #: 133066A GRIEVANCE #: OR-18-00572

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 4/25/18 has been received and reviewed. You grieved you are not able to properly take a shower.

You have been issued a shower script. I you feel your current script is not adequate, please utilize the sick call process so you can be evaluated by a provider. I find this grievance without merit.



*This was passed out at mail call on 6-7-18
By CO. Dampfield*

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M. Kelley

05/29/2018

Received

Title

Date

JUN 13 2018

INMATE'S APPEAL

Deputy Director

Health & Correctional Programs

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*I am still having trouble
getting showers 3 days per week dont solve the problem of
soiling myself and not get showers when needed. I have
put in alot of sick calls and there sent back to me in the
mail I have not seen the Dr yet only I am told I will and
that I need to clean up in the sink in my BKS. This will cause
me to get jumped on for soiling. That is what people brush their teeth,
Jason Bramlett*

Inmate Signature

ADC#

Date

133066

6-7-18

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center McKernName J. BramlettADC# 133ddBrks # FdoJob Assignment None

FOR OFFICE USE ONLY

GRV. OR-18-00572Date Received: 5-3-18GRV. Code #: 600

MAY 03 2018

JUALITA RIVER UNIT
EVANCOFFICE4-25-18 (Date) STEP ONE: Informal Resolution5-2-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: __________, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: I am still in pain on my back all the timeand sleep every day or at least when I sleep I have pain at time of the pain.
and this is a chronic condition. I have been on Medical Health Services. Yes If yes, circle one: (medical or mental)BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I had to set from 4 weeks day the4-18-18 till Monday night 4-23-18 without a shower I go to
the rest room on myself and get smelling like piss for 5 days.
This is nasty, unsafe to my health as well as safety in the BHS.
I need to shower when I am soiled. I have not done any
thing wrong to be forced to go through this treatment. I need
to shower in a cool shower. The Hosp shower is only hot
it will not go on cold only hot.

Received

Violations of 14 amendments as well as a medical

JUN 13 2018

Deputy Director

Health & Correctional Programs

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-25-18 (date), and determined to be Step One and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, nameof the person in that department receiving this form: Sgt LucasDate 4/30/18

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 01172Staff Signature Sgt LucasDate Received 4-25-18

Describe action taken to resolve complaint, including dates:

Presentation of medical
script allows you access to shower in hospital.Staff Signature & Date Returned 5/2/18Inmate Signature & Date Received 5-2-18

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00584

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On May 2, 2018, you grieved that you need a cool shower. You stated the hospital shower water is too hot, which is bad for your medical condition. You state that if there is an issue with you showering in SN-D, then please fix a shower to where you can take a cool shower. You state you also need to be able to shower when you are soiled.

The medical department responded, "It has been confirmed that the shower in the Hospital is not working correctly. Maintenance has been contacted and the matter will be addressed. Please utilize the Inmate Request Form process for issues such as this so they can be addressed in a timely manner. I find this grievance with merit."

Your appeal states the shower only goes on hot, and you cannot take hot showers due to your medical issues. You state you were placed in SN-D so that you could shower in an adjustable shower. You ask to be placed back in SN-D so that you can shower when you are soiled.

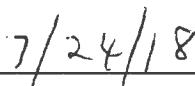
The issue regarding the frequency of showers was addressed in my appeal response to grievance #OR-18-00572, refer to that response.

You were advised in the medical department's response that the shower temperature issue was being addressed. My staff has been in contact with Mr. Kelley, HSA, and a plan was devised for you to be allowed to shower in the physical therapy area as their shower is adjustable. On July 2, 2018, you were issued a restriction to shower in PT at the discretion of ADC security.

The medical department found your grievance with merit, and you have been issued a restriction to shower in a shower that is adjustable; therefore, this appeal is without merit.



Director



Date

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-18-00584

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) Your grievance dated 5/2/18 has been received and reviewed. You grieved that shower in the Hospital is too hot and you need a cool shower.

It has been confirmed that the shower in the Hospital is not working correctly. Maintenance has been contacted and the matter will be addressed. Please utilize the Inmate Request Form process for issues such as this so they can be addressed in a timely manner. I find this grievance with merit.



*This was passed out at mail call
on 6-7-18 By C.O. Campbell*

Signature of Health Services Administrator/Mental Health Supervisor or Designee **Received**

Jason M Kelley06/01/2018

Title

Date

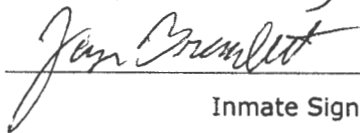
JUN 13 2018

INMATE'S APPEAL

Deputy Director
Health & Correctional Programs

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? *The shower is only Hot and I cant be in the Hot water Due to my medical issue. This is the reason I was put in SN-DBKS to start with so I could shower in a adjustable shower. Its the only BKS that the water temps will adjust. Please Help me get back to the spot so I can shower when I am soiled and clean myself every Day. I need to be clean Due to use of self cath and I was a unit from using the cath and having to be so dirty (unclean)*



Inmate Signature

133066

ADC#

6-7-18

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center MalvernName Jason BramlettADC# 133066 Brks # Eche Job Assignment none

FOR OFFICE USE ONLY

GRV. # 08-18-0058Date Received: 5-9-18GRV. Code #: 6005-2-18 (Date) STEP ONE: Informal Resolution5-4-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: The shower is too hot. I soil myself Reg and I can't clean up when I need to. This is inhumane

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I need a cool shower, on 6-30-18I showered in the Hospital and the water was so hot I could not even get back to my BHS I can't take hot water or heat at all. The Hospital what I don't go to Cadd it is only hot. This is bad for me and my health condition. This is the reason I have the script. If there is a issue with me showering in SN-10 then please fix me a shower some place where I can have a cool shower. I also need to shower when I am soiled I am on a bow and bladder program. This is not given at all

Received _____

JUN 19 2018

Deputy Director

Health & Correctional Programs

Inmate Signature Jason BramlettDate 5-2-18If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 5-2-18 (date), and determined to be Step One and/or an Emergency Grievance YES (Yes or No). This form was forwarded to medical or mental health YES (Yes or No). If yes, name of the person in that department receiving this form: Monique Ross Date 5/3/18PRINT STAFF NAME (PROBLEM SOLVER) Monique Ross ID Number 103503 Staff Signature [Signature] Date Received 5-2-18Describe action taken to resolve complaint, including dates: Mr. Bramlett there is a setting on the shower for lubricationStaff Signature & Date Returned [Signature] 5/3/18Inmate Signature & Date Received Jason Bramlett 5-9-18This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00684

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

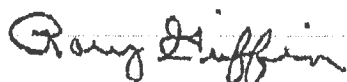
On May 22, 2018, you grieved that you need a restriction to shower daily. You stated you were seen by Dr. Daniel and you were soaked in urine and had a rash due to the urine. You state Dr. Daniels told you he would talk to a few people about you showering every day, but it has not happened. You state your M.S. doctor made a note that you needed a daily shower because you use in and out catheters along with not being able to control your bladder. You state this is unclean and will cause an infection.

The medical department responded, "This matter has been addressed with your medical providers at the unit and it has been determined this request is not a medical necessity. If you feel you need further evaluation, please utilize the sick call process at your discretion. I find this grievance without merit."

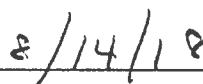
Your appeal states you soil yourself almost daily and Dr. Daniels tells you to wash your privates in the barracks sink. You state those sinks are used to brush teeth and wash faces and dishes. You state using the sink to clean yourself will cause you to get jumped on. You state you cannot use the shower in the barracks because you have medical restrictions. You state this makes you unclean and you have had a UTI for over a month now.

You were seen by Dr. Daniels on May 14, 2018 and he noted you self cath, you have pull-ups and you have access to a washcloth and water at all times. He noted no rash on genitals with minimal redness in left groin, and for you to continue to shower in the hospital shower three times a week so that you can control the temperature, and that your request for a daily shower restriction was denied as it was not medically necessary.

Dr. Daniels treated you as he deemed medically indicated based upon his medical judgment; therefore, this appeal is without merit.



Director



Date

IGTT420

3GH

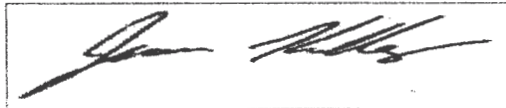
INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-18-00684

Attachment IV

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 5/30/18 has been received and reviewed. You grieved you need to be able to take daily showers.

This matter has been addressed with your medical providers at the unit and it has been determined this request is not a medical necessity. If you feel you need further evaluation, please utilize the sick call process at your discretion. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Received

JUL 05 2018

Deputy Director
Health & Correctional Jason P. McElroy

Title

06/25/2018

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I still soil myself all most every day and Dr Daniels tells me to wash my privets in the BKS sink that the hole BKS used to brush Teeth wash Face and Dishes. I cant shower in the BKS due to Medical Restrictions and This makes me very unclean and I have had A/UTI for over a month because of this. Dr. Daniels was looking at my soiled clothing and did nothing I have a Bad rash and was ever sent on a gate Pass soiled. This is unhuman and using the sink like this can get me jumped on.



Inmate Signature

133066

ADC#

7-2-18

Date

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Mulvan

MAY 25 2018

Name Tina BramlettQuachita River Unit
Grievance OfficeADC# 133066 Brks # Echo Job Assignment 2011

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: 6005-22-18 (Date) STEP ONE: Informal Resolution5-25-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: NO ResponseTo Step One Proceed To Step Two with This Copy

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I BEEN DR. DANIELSand I was soaked in pee as well as a rash because of the pee soaked tights. He told me he would talk to a few people about me showing up every day and it's not happened. The M.S. Dr. Kneele also put a note in my medical jacket saying I needed a daily shower because I use in out cath as well as not having the ability to control my bladder. This is unclean and will cause infections. All from M

Received

JUL 05 2018

Deputy Director

Health & Correctional Programs

Inmate Signature Tina BramlettDate 5-22-18

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 5-22-18 (date), and determined to be Step One and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

4/10/18

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#: OR-18-00712

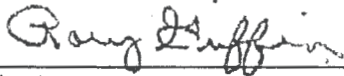
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On June 2, 2018, you grieved that Dr. Daniels said it is ok to set around and soil yourself and not need a shower. You state this has caused you to get UTIs.

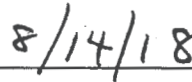
The medical department responded, "A witness statement obtained from Dr. Daniel denies your allegations. I find this grievance without merit."

Your appeal states sitting around soiled has caused you to keep a bad rash, and you have had a UTI for at least one month that turned to E. Coli. You state in order to use in and out catheters, you have to stay very clean in order to prevent these kinds of infections. You state being denied a shower when soiled is not the way to expect a good bill of health.


According to your electronic Medical Record, prior to submitting your Informal Resolution, you were last seen by Dr. Daniel on May 14, 2018. According to the grievance policy, an inmate has 15 days after the occurrence of an incident to file a grievance. You submitted your Step One Informal Resolution past the allotted time to grieve this issue; therefore, the issue and the merits of your appeal will not be addressed at this time. I encourage you to adhere to the grievance policy.

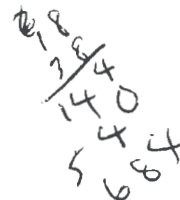


Director



Date





IGTT420
3GH

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-18-00712

Handwritten: This is passed out to inmate at Mail call on 7-2-18 by C.O. // Cpl. Crawford
Attachment IV

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 6/7/18 has been received and reviewed. You grieved that Dr. Daniel said and documented it was ok to set around and soil yourself and not need a shower.

A witness statement obtained from Dr. Daniel denies your allegations. I find this grievance without merit.

Signature of Health Services Administrator

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Received
JUL 05 2018
Deputy Director
Health & Correctional Programs
Jason M Kelley 06/26/2018
Title Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Handwritten: setting around soiled has caused me to keep a bad rash. I have had a-UTI- For at least one month now that turned to E.coli as well. I have copy's of a # of request and sick calls trying to get help with this issue in order to use in-out cath. you have to stay very clean to prevent this kind of infections and by being refused a shower when soiled is not the way to expect a good bill of health or stay in the rules of the prison. Hygiene rules that ADC says we must perform

Signature of Inmate
Inmate Signature

133066
ADC#

7-2-18
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center MalvernName Tyson BrinkettADC# 133066Brks # EchoJob Assignment Grievance Officer

RECEIVED

JUN 06 2018

FOR OFFICE USE ONLY

GRV. # 712

Date Received: _____

GRV. Code #: _____

6-4-18 (Date) STEP ONE: Informal Resolution6-6-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: No ReplyTO STEP ONE

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Dr. Daniels says that it is OKTo get around and still you self and not need a
shower this is the stupidest thing in the world to put
on paper and he did it. I have a problem with this and
the fact that he just put that out was or think
he can do this kind of thing to me. This has caused
me to get upset I became of Dr. Daniels' mistreat
ment and getting around with out a shower. The MS
Dr. said this would happen because he put in his note sent to the unit
it would.Inmate Signature Tyson BrinkettDate 6-4-18

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 6-4-18 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: Steen Date 6-4-18

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK
to Inmate after Completion of Step OneReceipts: **BLUE** - Grievance Officer; **ORIGINAL** - Given back
Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-00828

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 1, 2018, you grieved that you were inappropriately charged a co-pay. You state you were charged two times for the same UTI. You state the medication you were given for the UTI did not work; therefore, you had to go back to sick call. You state you have the same UTI due to medical not allowing you to shower every day or when you soil yourself. You state this causes you to be unclean, which then causes the UTI. You state you should be refunded the \$6.00 for these reasons.

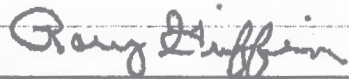
The medical department responded, "A review of your medical record and a discussion with Dr. Daniel reveals that your UTIs could be a result of your Chronic Care issue, but the exact cause is not definitive. Due to this fact, you will be refunded the copay charges in question. I find this grievance with merit."

Your appeal states you are still not getting to clean yourself as needed, which you state is the reason you have had all the UTI trouble. You state you would not have this issue if you were allowed to clean yourself as needed and have access to clean clothes as needed.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints. Your issue regarding showers has been addressed in previous grievances, refer to those responses.

You were refunded the \$6.00 on August 9, 2018.

The medical department found your grievance with merit and you did receive your refund; therefore, this appeal is without merit.



Director

9/20/18

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

Unit/Center MALVERN

JUL 05 2018

Name JASON BRAMBLETT

Ouachita River Unit

ADC# 133066 Brks # ECHO Job Assignment Officer

FOR OFFICE USE ONLY

GRV. # CR-180038Date Received: 7/05/18GRV. Code #: 6007-1-18 (Date) STEP ONE: Informal Resolution7-3-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I was charged 2 times for the same UTE. It was never worked out. I was given the wrong meds the 1st time & had to go back.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I was charged 2 times for the same UTE. The 2nd time took # 12924444 was because I was given the wrong meds to cure it and it just went away and I turned in to ECHO. I have the same UTE now to this day because medical will not let me shower one day or even when I soil my self. This makes me unclear with course me to get the UTE in the 1st place. I should be refunded the \$40.00 for this person.

Received

AUG 10 2018

Deputy Director
Health & Correctional Programs

Health & Correctional Programs

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 7-1-18 (date), and determined to be Step One and/or an Emergency GrievanceYes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date 7/3/18PRIOR STAFF NAME (PROBLEM SOLVER) Sgt Dorothy J. Griffin ID Number 91214 Staff Signature Sgt Dorothy Griffin Date Received 7-1-18Describe action taken to resolve complaint, including dates: Mr. Bramblett followed up with calls and was charged a co-pay. Medications were ordered and your plan of care adjusted to provide care. This is how the process is supposed to work.Staff Signature & Date Returned [Signature] 7/3/18 Inmate Signature & Date Received J. Bramblett 7-3-18This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-01469

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On November 19, 2018, you grieved that Dr. Daniel is doing things in order to cause you harm or death. You stated Dr. Daniel told you during your chronic care visit that he was going to change your pill call times; however, he took you off your Ampyra and Tysabri instead. You state it is in the computer that you requested this, but you state you did not.

The medical department responded, "There is no indication that during your chronic care visit Dr. Daniel stated he would change your pill call times. Dr. Daniel did place an order for your Ampyra, but it was not approved by the Regional Medical Director. Your infusions were stopped due to your decision per Dr. Daniel, but you were consulted about this on 11/19/18 and they were started back. Due to the lack of documentation concerning the fact that you did not want to continue infusions, and the fact your Ampyra was not continued as you thought it would be and you were not told why, I find is grievance with merit. You will be called to the day Clinic and the discontinuation of your Ampyra will be discussed with you."

Your appeal states you need your medications. You state Dr. Daniel keeps taking you off your medications and saying you tell him to. You state this has happened a few times. You state he is doing this in order to harm you or make you suffer.

The medical department found your grievance with merit due to the lack of documentation regarding your request to stop the Tysabri infusions and the infusions have been started back; therefore, I will not address this issue.

You were seen by Dr. Daniel for chronic care on November 2, 2018 at which time he noted you reported not taking your medications due to the pill call times. You had an active, approved order for Ampyra 10 mg twice daily to be taken at AM and PM pill call. Dr. Daniel discontinued this order and submitted a new order for Ampyra 10 mg twice daily to be taken at the noon and bed time pill calls. However, the Regional Medical Director discontinued this order noting that studies show a slight increase in walking speed noted with this drug. The Regional Medical Director noted you have an AFO brace; therefore, walking faster may not be safe for you. The Regional Medical Director noted he needed to know more as to why walking more rapidly is needed. Ampyra is a non-formulary medication that requires approval by the Regional Medical Director who is authorized to discontinue medications as he deems medically indicated. A review of your electronic Medication Administration Record indicates you had been prescribed Ampyra since February 2018 and that the Regional Medical Director had approved the previous orders.

You were advised in the medical department's response that you would be called to the day clinic and the discontinuation of your Ampyra would be discussed with you; however, a review of your electronic Medical Record indicates that the discontinuation has yet to be discussed with you. A request has been made to your unit HSA to ensure you are scheduled with the provider for the next available appointment to discuss your Ampyra.

This appeal is with merit.



Director

Date

2/24/19

C107 SAC

04

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-18-01469

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(608) Your grievance dated 11/19/18 has been received and reviewed. You grieved that at your last chronic care visit that Dr. Daniel said he was going to change your pill call times and that he took you off of your MS meds instead.

There is no indication that during your chronic care visit Dr. Daniel stated he would change your pill call times. Dr. Daniel did place an order for your Ampyra, but it was not approved by the Regional Medical Director. You infusions were stopped due to your decision per Dr. Daniel, but you were consulted about this on 11/19/18 and they were started back. Due to the lack of documentation concerning the fact that you did not want to continue infusions, and the fact your Ampyra was not continued as you thought it would be and you were not told why, I find is grievance with merit. You will be called to the day Clinic and the discontinuation of your Ampyra will be discussed with you.



Received

JAN 11 2019

Signature of Health Services
Administrator/Mental Health Supervisor
Designee

Deputy Director
Health & Correctional Programs

Jason M Kelley

Title

01/02/2019

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I need my meds The said Dr. keeps taking me off my meds and says I tell him to. This has happened a few times. He is doing this trying to harm me and or make me suffer



Inmate Signature

ADC#: 133066

1-7-19
Date

Received

JAN 11 2019

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center MelburnName Tyson BrunetteADC# 137066 Brks # 100619 Job Assignment Nurse

FOR OFFICE USE ONLY

GRV. # 02-18-01469Date Received: 12-3-18GRV. Code #: 60011-17-18 (Date) STEP ONE: Informal Resolution11-30-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Dr. Keefe on Takingme off meds saying I am requesting. He is trying to harm me11-19-18 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: With out Meds & Treatment this cancause Death or physical Damage. The said Dr. is doing things trying to cause me harm!Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: (medical) or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Dr. Decker Told me at Courtthat He was going to change my pill call times anddid not do so He did take me off all my Medsin stead The shots from ACE as well asThe Ampyra pill for MS The computer says at my requestbut where is the Refuse I did if that is OK. Thisshows that The Dr. is doing things trying to cause meharm or death. I have proof I can show to that Brksme on this claim so that is no more under standing

Received

JAN 11 2019

Deputy Director
Health & Correctional ProgramsJohn Brunette
Inmate Signature11-19-18
DateIf you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance(Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: Dr. Keefe Date 11/29/18PRINT STAFF NAME (PROBLEM SOLVER) Dr. Keefe ID Number 100619 Staff Signature Dr. Keefe Date Received 11-20-18Describe action taken to resolve complaint, including dates: Documentation shows plan
of care discussed during that encounter. Medical
providers are authorized to initiate or discontinue
medications they deem medically necessary utilizing clinical judgement.Staff Signature & Date Returned Dr. Keefe 11-30-18 Inmate Signature & Date Received Tyson Brunette 11-22-18This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-18-01529

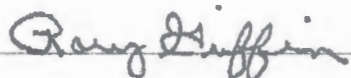
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On December 11, 2018, you grieved that Dr. Daniel cut your use of catheters in half. You state now you do not have enough; therefore, you are having to reuse the old ones. You state Dr. Daniel would not have cut the order in half if he had reviewed the latest report from your urologist. You state you already have an infection that you are having trouble getting rid of and using dirty catheters does not help. You state Dr. Daniel is doing this out of retaliation due to your use of the grievance process.

The medical department responded, "Dr. Daniel is not aware of the grievances you write, so he is not retaliating against you. Your current script allows for enough catheters to perform an in and out 4 times per day. If you feel this is not adequate, please utilize the sick call process at your discretion. I find this grievance without merit."

Your appeal states you need at least eight catheters per day because you go to the restroom more than four times per day. You state the report from UAMS will support this. You state this "reject" is trying to harm or kill you.

Dr. Daniel issued you a restriction on November 2, 2018 for enough catheters for four times per day. Between the time you were issued the restriction and when you submitted your Informal Resolution, you were not seen in sick call for complaints of not having enough catheters. Per policy, you are past the allotted time frame to grieve this issue; therefore, the merits of your appeal will not be addressed at this time.



Director

3/11/19

Date

SN-C/009

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, JasonADC #: 133066AGRIEVANCE #: OR-18-01529

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 12/11/18 has been received and reviewed. You grieved that you are being denied enough catheters and that Dr. Daniel is retaliating against you for writing grievances.

Dr. Daniel is not aware of the grievances you write, so he is not retaliating against you. Your current script allows for enough caths to perform an in and out 4 times per day. If you feel this is not adequate, please utilize the sick call process at your discretion. I find this grievance without merit.



Received

JAN 28 2019

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Deputy Director
Health & Correctional Programs

Jason M Kelley

Title

01/16/2019

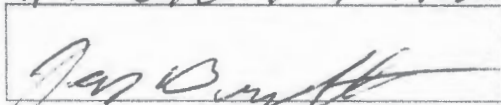
Date

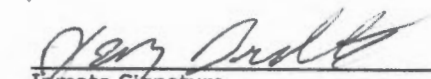
INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I have To Have it least 8 catheters a day even 3 or 4 brown and that is with out drinking water there is reports from VAMS telling this same thing. why is it me Dr. Daniel's just took them from me now I have to reuse dirty ones. I have a (UTI) as of now that will not go away this is keeping taking from me saying I request it and there is no papers to show it. This defect is trying to harm me or kill me no one only takes a leak 4 times a day


ADC#: 133066



Inmate Signature

Date 1-19-19

Received

JAN 28 2019

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM **RECEIVED**Unit/Center Melvin

DEC 18 2018

DEC 17 2018

Name _____

QUACHITA RIVER UNIT
GRIEVANCE OFFICEADC# 17306Brks # Hof Assignment Nani

FOR OFFICE USE ONLY

GRV. # 021801529Date Received 12-17-18GRV. Code #: 000

(Date) STEP ONE: Informal Resolution

12-17-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: No respect toEmergency Grievance On trying to harm me He is incompetent12-1-18 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why Dr. Daniels is making me use dirtyIs this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): my Bladder dose not work as it should so I have to use catheters in order for me to use the rest room Dr. Daniels cut my use of them in half now I dont have none and Im having to reuse my old ones. He has not even look at the newest reports from the urologist if he would have then he would not have cut my use of the amount of catheters in half. This is retaliation due to the other grievance I have complain about medical. I already have a infection that Im having trouble getting rid of and this is not helping when I have to use dirty catheters.Inmate Signature Jay DanielsDate 12-11-18

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 12-11-18 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____PRINT STAFF NAME (PROBLEM SOLVER) J. DanielsID Number 10021Staff Signature J. Daniels

Received

Date Received

Describe action taken to resolve complaint, including dates: _____

JAN 28 2019

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? (Yes or No)

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two. 4/10 LL

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#: OR-19-00291

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

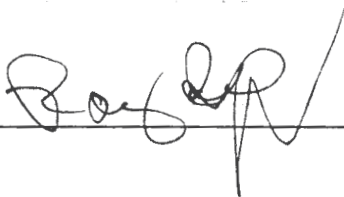
On February 27, 2019, you grieved Dr. Daniel is retaliating against you by taking your wheelchair. You stated you did not receive your medications on February 15-17, 2019 nor did you go to chow. You stated Dr. Daniel ordered Nurse Smarjesse to take your wheelchair without doing an exam or testing to justify this order. You stated Dr. Daniel is retaliating against you due to your multiple complaints against him.

The medical department responded, "A review of your medical record indicates that you were seen on 2/13/19 by Dr. Daniel and he informed you that he did not feel there was a medical necessity for your wheelchair at that time. A review of your Tramadol order shows you received it on 2/15 and 2/16. There is no record of you needing assistance from Medical during this timeframe due to not being able to walk. I find this grievance without merit."

Your appeal states Dr. Daniel's retaliation is evident.

You did not state a disagreement with the medical department's response; therefore, the medical department's response is upheld and this appeal is without merit.

Director



Date

5/15/19

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center ORCUName JASON BRANKETTADC# 133066 Brks # C- Job Assignment V/A

FOR OFFICE USE ONLY

GRV. # 291

Date Received: _____

GRV. Code #: _____

2-27-19 (Date) STEP ONE: Informal Resolution3-10-19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Never got Form From yourOFFICE saying you got Grievance 19 your OFFICE

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one (medical) or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I WAS UNABLE TO AMBULATE TO THEPILL LINE TO RECEIVE MY MEDS ON 2-15-19 2-16-19 - 2-17-19 ORTO GO TO THE DINING HALL FOR MEALS ON THE LISTED DATESDUE TO THE FACT DR DANIELS ORDERED RN SMARJESSYTO TAKE MY WHEEL CHAIR WHILE LEAVING ME UNABLETO SAFELY AMBULATE. THERE WAS NO EXAM/TEST PERFORMEDNO TEST OF ANY TYPE DONE TO JUSTIFY THE ORDER GOINGDIRECTLY AGAINST THE SPECIALIST WHO ORDERED MY WICIN THE BEGINNING. THIS DR DANIELS HAS BEEN DOING MANYTHINGS TO ME IN RETALIATION FOR MY MULTIPLE COMPLAINTSAGAINST HIM SUCH AS TAKING THINGS AND SAYINGI REQUESTED THEM TO STOP (IE MEDICATIONS) I HAVEPAPER WORK AND GRIEVANCES TO SHOW ALL THESE ALLEGATIONS TOBE FACTUAL DR DANIELS IS ACTING IN A MANNER TO CAUSE ME PAINAND SUFFERING AND POTENTIAL DEATH, SEE AND SAVE CAMERA FOOTAGE ON DATESInmate Signature Jason BrankettDate 2-27-19

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance
(Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name
of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: _____

APR 16 2019Deputy Director
Health & Correctional Programs

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back
to Inmate after Completion of Step One and Step Two. YK 21

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-19-00291

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 2/27/19 has been received and reviewed. You grieved that you were unable to walk to the pill line on 2/15-2/17 due to Dr. Daniel having your wheelchair taken from you.

A review of your medical record indicates that you were seen on 2/13/19 by Dr. Daniel and he informed you that he did not feel there was a medical necessity for your wheelchair at that time. A review of your Tramadol order shows you received it on 2/15 and 2/16. There is no record of you needing assistance from Medical during this timeframe due to not being able to walk. I find this grievance without merit.

Received



APR 18 2019

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Deputy Director
Health & Correctional Programs Jason M Kelley

Title

04/09/2019

Date

INMATE'S APPEAL


If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Dr Daniel's retaliation is evident.

Thank you!

(Delivered to
on 4/13/2019
Rail call CPT. Deak)



Inmate Signature

ADC#: 133066

Date

4-13-19

UNIT LEVEL GRIEVANCE FORM (Attachment I)

MAR 11 2019

Unit/Center ORCUOuachita River Unit
Grievance OfficeName JASON BRAMLETTADC# 133066 Brks # C- Job Assignment V/A

FOR OFFICE USE ONLY

GRV. # 016-19-00291Date Received: 3/11/19GRV. Code #: 652-27-19 (Date) STEP ONE: Informal Resolution3-6-19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Can't walk or stand long and some times not at all(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: He's been taking care and I can't stand or walk. I've been here for some time and can't walk at all.Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one (medical or mental)

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I WAS UNABLE TO AMBULATE TO THE PILL LINE TO RECEIVE MY MEDS ON 2-15-19 2-16-19 - 2-17-19 OR TO GO TO THE DINING HALL FOR MEALS ON THE LISTED DATES DUE TO THE FACT DR DANIELS ORDERED RN SMARJESSY TO TAKE MY WHEEL CHAIR WHILE LEAVING ME UNABLE TO SAFELY AMBULATE. THERE WAS NO EXAMST PERFORMED NO TEST OF ANY TYPE DONE TO JUSTIFY THE ORDER GOING DIRECTLY AGAINST THE SPECIALIST WHO ORDERED MY WIC IN THE BEGINNING. THIS DR DANIELS HAS BEEN DOING MANY THINGS TO ME IN RETALIATION FOR MY MULTIPLE COMPLAINTS AGAINST HIM SUCH AS TAKING THINGS AND SAYING I REQUESTED THEM TO STOP (IE MEDICATIONS) I HAVE PAPER WORK AND GRIEVANCES TO SHOW ALL THESE ALLEGATIONS TO BE FACTUAL DR DANIELS IS ACTING IN A MANNER TO CAUSE ME PAIN AND SUFFERING AND POTENTIAL DEATH, SEE AND SAVE CAMERA FOOTAGE ON DATES

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 3-2-19 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? mental (Yes or No). If yes, name of the person in that department receiving this form: R. Morgan Date 3/5/19

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: Documentation by the provider states it is not clinically indicated or medically necessary to have the medical restrictions.

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 3/6/19 (date), pursuant to Step Two. Is it an Emergency? Received (Yes or No).Staff Who Received Step Two Grievance: R. Morgan Date: 3-6-19Action Taken: Forwarded to Grievance Officer/Warden/Other Date: APR 18 2019If forwarded, provide name of person receiving this form: Deputy Director Date: Health & Correctional Programs

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-19-00292

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

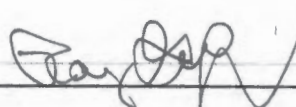
On February 26, 2019, you grieved Dr. Daniel took your wheelchair on February 21, 2019. You stated you have had a wheelchair since 2012 due to MS. You stated you have bouts of chronic pain and balance issues that have led to you falling when you do not have a chair.

The medical department responded, "A review of your medical record indicates that you were seen on 2/13/19 by Dr. Daniel and he informed you that he did not feel there was a medical necessity for your wheelchair at that time. Medical Providers have the ability to make independent decisions based on clinical findings. I find this grievance without merit."

Your appeal states your wheelchair is provided by the Spinal Cord Commission and has been repeatedly confirmed at necessary by specialists. You state this was not a medical decision and there are no clinical records to support it.

You were seen for a follow up on February 21, 2019 concerning a UTI and left orchitis. He noted you were also being seen to temporarily remove your wheelchair. He noted there was no acute medical need and that it would be returned to the Spinal Cord Commission until you needed it again. He noted that you got out of your wheelchair with ease and walked out of the door with a stable gait following your exam.

You have been seen for your complaints and treated as deemed appropriate and clinically indicated based upon Dr. Daniel's medical judgment; therefore, this appeal is without merit.


Director

Date

5/15/19

IGTT420
3GH

C/04

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-19-00292

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 2/26/19 has been received and reviewed. You grieved that on 2/21/19 Dr. Daniel had your wheelchair taken.

A review of your medical record indicates that you were seen on 2/13/19 by Dr. Daniel and he informed you that he did not feel there was a medical necessity for your wheelchair at that time. Medical Providers have the ability to make independent decisions based on clinical findings. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Received

Jason M Kelley

Title

04/09/2019

Date

APR 22 2019

INMATE'S APPEAL

Deputy Director
Health & Correctional Programs

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Are you, Jason Kelley, utterly incompetent to make any reasonable judgment on your own? IF Dr Daniel decided there was no medical necessity for food and water would you just obsequiously agree with that too? My WC is provided by the Spinal Cord Commission! and has been repeatedly confirmed as necessary by multiple specialists. This was NOT a medical decision and there are NO clinical records supporting this determination.

(Delivered on 4/13/2019
Mailex
CPI Beck)

Thank you!



Inmate Signature

ADC#: 133066

4-13-19
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center ORCInmate BRAMLETT JASONADC# 133060 Brks # C- Job Assignment VIA

FOR OFFICE USE ONLY

GRV. # 06-19-00292Date Received: 3/11/19GRV. Code #: 600

MAR 11 2019

Ouachita River Unit
Grievance Office2-26-19 (Date) STEP ONE: Informal Resolution3-6-19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Did not ever respond to step one at all. Playin with the process2-26-19 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why I WAS UNABLE TO GET OUT OF BED IRECEIVED NOILLS I COULD NOT GET TO DINNING HALL TO EAT ALL FOR 3 DAYSIs this Grievance concerning Medical or Mental Health Services? ☒ If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 2-21-19 I WAS CALLED TOTHE DAY CLINIC ON DR DANIELS ORDERS WHEN I ARRIVED LT. CARL AND RN SMARTESS BOTH APPROACH ME AND STATED I HAD TORETURN MY WHEEL CHAIR. I SURRENDERED MY W/C TO THE STAFF AS DIRECTED. IVE HAD THE W/C SINCE 2012 FOR MY M.S. CONDITION, ON1-10-19 DR DANIELS THREATENED THAT HE WAS GOING TO TAKE MY W/C BECAUSE HE THOUGHT THAT I DIDNT NEED IT. DUE TO MY M.S. I HAVESUBSTANTIAL ACUTE EPISODES OF SEVERE PAIN (I ALSO SUFFER WITH CHRONICPAIN THAT IS CONSTANT AT LEVELS OF 4-6) I NEED THE W/C AND THE DR.IS VERY AWARE OR SHOULD BE IF HE IS EDUCATED HIMSELF R/T THEM.S DISEASE PROCESS, TO ALLOW ME THE MOBILITY TO TRAVEL TOTHE PILL LINE AND CHOW HALL, I HAVE DUE TO M.S SEVERE BOUTSOF BALANCE PROBLEMS I HAVE FALLEN SEVERAL TIMES IN THE PASTAND WILL MOST LIKELY DO SO IN THE FUTURE, A SPECIALIST PERFORMED THEEXAM AND DIAGNOSED M.S. AND ORDERED THE CHAIR. I NEED THE CHAIR.Inmate Signature Jason BramlettDate 2-26-19

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 2/28/19 (date), and determined to be Step One and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, nameof the person in that department receiving this form: Medical Dept Date 2/28/19LT. HALL 11591 [Signature] 2/28/19

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: APR 22 2019

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

Deputy Director
Health & Correctional Programs

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

V/C L.L

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#: OR-19-00293

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 2, 2019, you grieved Nurse Goldman did not assess you when you fell on February 28, 2019. You stated you were forced to walk out of the Day Clinic and fell in the hall. You stated Nurse Goldman did not check to see if you were okay and she sent the inmate porter to help while she stayed in the main hallway. You stated she said "It's only Bramlett" to the inmate and you feel this was deliberate.

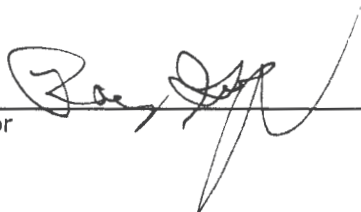
The medical department responded, "A review of your medical record indicates on 2/28/19 Nurse Goldman noted that you fell, were offered assistance and your issue discussed with Dr. Vowell. You were not shown deliberate indifference, your accident was addressed appropriately. I find this grievance without merit."

Your appeal states it is not proper protocol to have an inmate who has fallen be moved by another inmate without being appraised by medical personnel.

A statement was obtained from Nurse Goldman denying your allegations. On February 28, 2019, Nurse Goldman noted medical was called to get an inmate that fell in the hallway and noted you stated your legs and knees gave out. She noted your complaint of wrist/arm pain and that you stated you were not wearing your brace or specialty shoes because you had not gotten them back. She noted she discussed your condition with Dr. Vowell and you could keep your wheelchair until you received your brace and shoes back, at which time you would be re-evaluated.

Nurse Goldman denies your allegations and you were seen and treated for your fall; therefore, this appeal is without merit.

Director



Date

5/12/19

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-19-00293

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 3/2/19 has been received and reviewed. You grieved that on 2/28/19 you fell in the hallway and Nurse Goldman would not come and help you, showing deliberate indifference.

A review of your medical record indicates on 2/28/19 Nurse Goldman noted that you fell, were offered assistance and your issue discussed with Dr. Vowell. You were not shown deliberate indifference, your accident was addressed appropriately. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Received

Jason M. Kelley

04/09/2019

Title

Date

APR 22 2019

Deputy Director
Health & Correctional Programs

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

It is NOT proper medical protocol to have an inmate who has fallen to be moved by another inmate without being first, at least cursorially, apprised by medical personnel.

Thank you!

(Delivered on 4/13/2019)
Mail call
CPI. Puck



Inmate Signature

ADC#: 133066

Date

4-13-19

Received

APR 22 2019

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center MALVERN

MAR 11 2019

Name JASON BRAMLETTOuachita River Unit
Grievance OfficeJC# 133046 Brks # CHARLIE Job Assignment NONE

FOR OFFICE USE ONLY

GRV. # 016-19-00243Date Received: 3/11/19GRV. Code #: 6003-2-19 (Date) STEP ONE: Informal Resolution3-6-19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Trying to Dodge the fact I was never called to go to jail and sent inmate to get me up.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: Medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 2-28-19 I WAS CALLED TO THE DAY CLINIC, AND WAS FORCED TO LEAVE WALKING. I FELL IN THE HALL AND WHEN MEDICAL WAS CALLED TO GET ME UP OFF THE FLOOR, NURSE GOLDMAN DIDN'T CHECK TO SEE IF I WAS OK. SHE SENT THE INMATE PORTER TO HELP, WHILE SHE STAY IN THE MAIN HALLWAY. NURSE GOLDMAN TOLD THE PORTER "ITS ONLY BRAMLETT", I HAVE NOTHING TO SAY TO HIM. I ASK THAT CAMERA FOOTAGE BE SAVED THE APPROX TIME OF 3:15 P.M. IN FRONT OF ECHO BARRACKS. I KNOW THIS IS AGAINST THE RULES AND WAS DELIBERATE

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3/2/19 (date), and determined to be Step One and/or an Emergency GrievanceYes (Yes or No). This form was forwarded to medical or mental health Yes (Yes or No). If yes, nameof the person in that department receiving this form: MorganDate 3/5/19

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: Medical does nothave access to camera footage.

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____

Date: _____

Received

tion Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____

Date: _____

APR 22 2019

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

Health & Correctional Programs

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-19-00356

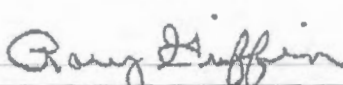
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 22, 2019, you grieved you are being denied Gabapentin, Soma, Ampyra, and Tysabri. You stated the erratic and frequently denied treatment is detrimental to your overall health, causes you excessive pain, and allows for increased falls. You stated you would like all treatment recommended by Dr. Khaleel, Dr. Atiq, and Felix restored.

The medical department responded, "A review of your medical record indicates you are receiving adequate medical care for your condition. If you feel you need to discuss specific aspects of your treatment plan with a Provider, please utilize the sick call process. I find this grievance without merit."

Your appeal states "still same type of treatment none."

A review of your electronic medical record shows you were last seen regarding your medication requests on February 13, 2019. According to the grievance policy, an inmate has 15 days after the occurrence of an incident to file a grievance. You submitted your Step One Informal Resolution past the allotted time to grieve this issue; therefore, it will not be addressed. I encourage you to adhere to the grievance policy.



Director

Date

5/15/19

W150/29

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-19-00356

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 3/28/19 has been received and reviewed. You grieved that you are not receiving adequate care for your MS, and most recently have been denied medications for your treatment.

A review of your medical record indicates you are receiving adequate medical care for your condition. If you feel you need to discuss specific aspects of your treatment plan with a Provider, please utilize the sick call process. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M Kelley

Title

04/25/2019

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

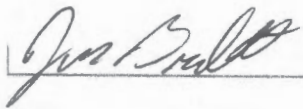
WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Still same type of treatment none

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs



Inmate Signature

ADC#: 133066

4-30-19
Date

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center SNUName Jason BramlettADC# 133066 Brks # C-4 Job Assignment —RECEIVED
MAR 28 2019
Ouachita River Unit
Grievance Office

FOR OFFICE USE ONLY

GRV. # 016-14-00356Date Received: 3/28/19GRV. Code #: 600

3.22.19 (Date) STEP ONE: Informal Resolution

3.28.19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Denying APPROVED treatment and ending
NEEDED expensive treatment is basing decisions on monetary concerns, NOT clinical judgment. Still no Acc.(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: —Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Over the last two years medical personnel (Drs Stieve, Vancell, and Daniel) by custom and practice of their employer (CCS/Jwell path), and by individual decision, have repeatedly failed to provide necessary treatment for my MS, DDD and other orthotic issues (including addressed by other grievances denial of necessary pain medication and confiscation of my wheelchair. This includes significant gaps in my infusion treatment, access to outside scheduled appointments, follow-ups with Drs Atiq and Khaleel and other testing and treatment. At present this includes denial of Soma to help with spasms, Gabapentin for nerve pain, Amphipyr (which apparently is too expensive and thus denied) which helps me ambulate and a long gap without Tysabri. This erratic and frequently denied treatment, besides causing me excessive pain and increased falls, is detrimental to my overall physical and emotional health. There is no dispute over my need for treatment, only the repeated unconscionable denial of it. MS is NOT curable. There is NO justification for ceasing any treatment EXCEPT to provide a more effective treatment. Please restore all discontinued treatment as per advised by Drs Khaleel, Atiq and Felix. Thank you. (This includes denial of wipes, gloves and enough cath.)

Jason Bramlett
Inmate SignatureDate 3.22.19If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 3-22-19 (date), and determined to be Step One and/or an Emergency GrievanceYES (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: Set D Griffin Date 3/26/19PRINT STAFF NAME (PROBLEM SOLVER) Set D Griffin ID Number 91214 Staff Signature Set D Griffin Date Received 3-22-19Describe action taken to resolve complaint, including dates: Medical providers make adjustments to care utilizing clinical judgement based on medical necessity.Staff Signature & Date Returned Set D Griffin 3/27/19 Inmate Signature & Date Received Jason 3.22.19This form was received on — (date), pursuant to **Step Two**. Is it an Emergency? — (Yes or No).Staff Who Received Step Two Grievance: — Date: —Action Taken: — (Forwarded to Grievance Officer/Warden/Other) Date: MAY 07 2019If forwarded, provide name of person receiving this form: — Date: —DISTRIBUTION: YELLOW & PINK - Inmate — BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One —

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#: OR-19-00357

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

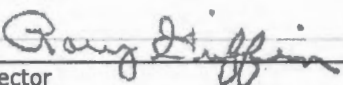
On March 22, 2019, you grieved Dr. Daniel continues to deny Gabapentin and Tramadol. You stated multiple sclerosis causes nerve pain, yet Dr. Daniel refuses to renew Gabapentin or Tramadol. You stated Dr. Khaleel, neurologist, has repeatedly expressed the need for Gabapentin but you are denied a long term pain medication despite having the progressive form of your disease. You stated you would like your needs placed above monetary concerns and to be placed on long term pain medication.

The medical department responded, "Medical Providers have the ability to make independent medical decisions based on their clinical findings. If you feel you need tramadol, please utilize the sick call process at your discretion. I find this grievance without merit."

Your appeal states you still have not received help from staff or treatment.

A review of your electronic Medication Administration Record indicates your Tramadol was discontinued due to being on Norco post port placement at the time your Informal Resolution was submitted and you have not been seen in sick call requesting Tramadol from March 22, 2019 to May 14, 2019. Gabapentin is documented as discontinued per your request on August 22, 2017. Dr. Daniel noted on March 14, 2019 while reviewing Dr. Khaleel's notes that Gabapentin is off-label for MS and will not be used.

You have been seen for your complaints and treated as deemed appropriate and clinically indicated based upon your provider's medical judgment; therefore, this appeal is without merit.



Director

Date

5/15/19

W/50/29

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

ADC #: 133066A

GRIEVANCE #: OR-19-00357

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 3/22/19 has been received and reviewed. You grieved that you have been denied tramadol for your pain.

Medical Providers have the ability to make independent medical decisions based on their clinical findings. If you feel you need tramadol, please utilize the sick call process at your discretion. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M Kelley

04/25/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

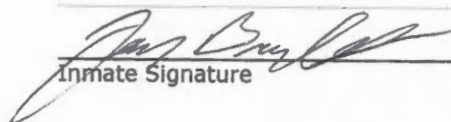
WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*There is still not
Been Help from said staff or Treatment*

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs


Inmate Signature

ADC#: 133066

4-30-19
Date

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center SNU

MAR 28 2019

Ouachita River Unit
Grievance OfficeName Jason BramlettADC# 133066 Brks # C-4 Job Assignment —

FOR OFFICE USE ONLY

GRV. # 06-19-00337Date Received: 3/28/19GRV. Code #: 6003.22.19 (Date) STEP ONE: Informal Resolution3.28.19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Sound medical judgment CANNOT BE exercised RE Pain without patient interaction as it is subjective. Drs Daniel and Strive have NOT discussed with me pain.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Multiple Sclerosis, a demyelinating disease of its very nature, causes nerve pain. There is no sound medical opinion to the contrary, yet Dr Daniel, in accord with the system and practice of Wellpath LLC to cut costs as first priority, has refused renewal of Tramadol (another similar medication) for more than six months and Gabapentin for a year. The latter which Dr Khaleel (neurologist and MS specialist) has repeatedly, by name, expressed the need for. Moreover, as I have the progressive form of the disease, my pain continues to gradually increase over time. I have repeatedly expressed my need for remedy to my pain to Dr Daniel and other staff. Most recently, I was told by MS Goldman last week that Dr Daniel would provide nothing more to address my pain. Also to blame for this denial, as previously noted in OR-IT-01460, is Dr Strive who originally ordered Tramadol be discontinued. This continued denial includes refusal to even see me as with sick calls submitted on Tuesday this week. Telling me to 'follow the sick call procedure' is not a solution when I am refused access when I try. Please provide me necessary long-term pain medication. Place patient need above monetary concerns.

Thank you!

3.22.19

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 3-22-19 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: R. Morgan Date 3-22-19PRINT STAFF NAME (PROBLEM SOLVER) St D Griffin ID Number 91214 Staff Signature St D Griffin Date Received 3-22-19Describe action taken to resolve complaint, including dates: Medical providers are authorized to initiate or discontinue medications they deem clinically indicated and medically necessary.Staff Signature & Date Returned R. Morgan 3/27/19 Inmate Signature & Date Received Jason 3-22-19This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____ Received

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: MAY 01 2019DISTRIBUTION: **YELLOW & PINK** - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Bramlett, Jason

ADC #: 133066

GRIEVANCE#:OR-19-00358

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 22, 2019, you grieved you are being retaliated against by medical staff. You stated Dr. Daniel and Dr. Stieve have discontinued medications and denied treatment. You stated Dr. Daniel took your wheelchair on February 22, 2019. You stated you would like all forms of retaliation to cease immediately.

The medical department responded, "Your allegations of retaliation are unfounded. Your wheelchair script was discontinued due to the fact you were seen on video walking over quickly to assault another inmate. Based on the clinical data, it was determine that a wheelchair was not a medical necessity at that time. I find this grievance without merit."

Your appeal states you have not been seen or had any type of exam after you were seen by Dr. Khaleel. You state Dr. Khaleel said you must have a wheelchair along with the brace and shoes from Felix. You state you cannot make it without a wheel chair.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

A review of your electronic medical records shows no evidence of retaliation and disagreeing with a treatment plan is not being denied treatment. If you feel your medical needs are not being met, please utilize the sick call process.

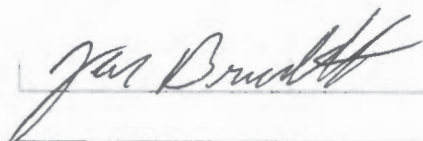
This appeal is without merit.



Director

Date

5/15/19



Inmate Signature

ADC#: 133066

5-2-19
Date

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs

WISD/29 SNE

IGTT420
3GH

Attachment IV

INMATE NAME: Bramlett, Jason

USA

GRIEVANCE #: OR-19-00358

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance dated 3/22/19 has been received and reviewed. You grieved that Dr. Daniel retaliated against you by taking your wheelchair away.

Your allegations of retaliation are unfounded. Your wheelchair script was discontinued due to the fact you were seen on video walking over quickly to assault another inmate. Based on the clinical data, it was determine that a wheelchair was not a medical necessity at that time. I find this grievance without merit.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Jason M Kelley

04/25/2019

Title

Date

INMATE'S APPEAL



*Past out at Mail call by CO Rivera
on 5-2-19*

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

No Dr seen me or done any type of Exam on said issue right after I was seen by Nerd Dr Khalil at White Hall. He said I must have a wheel chair and The ADC, Bruce and shoe Dr. Felt said I cant make it with out wheel chair

Received

MAY 07 2019

Deputy Director
Health & Correctional Programs

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center SNU

MAR 28 2019

Name Jason BramlettOuachita River Unit
Grievance OfficeADC# 133066 Brks # C-4 Job Assignment —

FOR OFFICE USE ONLY

GRV. # OR-19-00298Date Received: 3/28/19GRV. Code #: 6003.22.19 (Date) STEP ONE: Informal Resolution3.28.19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Not clinical judgment Retaliation!-As evidenced by 4 other Dr's opinions and AR SCC, done to cause me difficulty and pain. Check Records!

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): Over the last two years, as I have complained about the treatment, —or rather denial and delay thereof— I have been repeatedly retaliated against by CCS/Wellpath medical personnel, in apparently condoned actions. Dr. Stieve and Daniel have discontinued medications and denied treatment known to be necessary without medical justification, without seeing me and often at odds with the opinions of specialists for more knowledgeable about my intimities. Most recently, on January 10th of this year Dr. Daniel threatened to take away my wheelchair (provided by the Arkansas Spinal Cord Commission) despite my obvious need for it and the recommendation of Drs. Atig, Felix, Khaleel, Vowell and the AR SCC. On February 22nd he made good on this threat and ordered my wheelchair taken which very shortly thereafter resulted in a fall (see OR-19-00293). I wrote a grievance (OR-19-00291) still pending. Dr. Vowell then provided an inappropriately sized and difficult to use wheelchair as a stopgap until mine was returned on March 20th (though the script was removed on 3.17.19). However Dr. Vowell's intercession does not excuse this latest action by Dr. Daniel intended to cause me difficulty and pain. I want this retaliation, in all forms, to immediately cease, please. Thank You!

Inmate Signature

Date

3.22.19

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 3-22-19 (date), and determined to be Step One and/or an Emergency GrievanceYes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: R Morgan Date 3/26/19PRINT STAFF NAME (PROBLEM SOLVER) Sgt D. Griffin ID Number 91214 Staff Signature Sgt D. Griffin Date Received 3-22-19Describe action taken to resolve complaint, including dates: Medical providers are authorized to make changes they deem medically necessary utilizing clinical judgment.Staff Signature & Date Returned R Morgan 3/27/19 Inmate Signature & Date Received Jason Bramlett 3.22.19This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given to Inmate after Completion of Step One and Step Two.

Jason Bramlett

#133066 SNU-ORCV-ADC

P.O. Box 1630

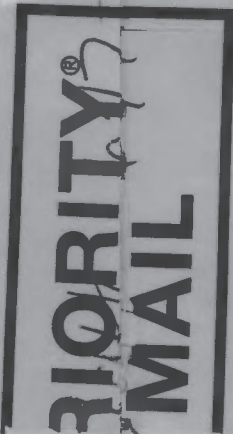
Malvern, AR 72104-1475

6-17-19
H. H. Adams



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